

## **APPLICATION CHECKLIST**

Organization Name: \_\_\_\_\_

1. Indication of the type(s) of M+C coordinated care plans that you seek authority to deem. \_\_\_\_\_
2. Completed crosswalks zipped and e-mailed to [pkurtz@hcfa.gov](mailto:pkurtz@hcfa.gov). \_\_\_\_\_
3. Detailed description of your organization's survey process for each type of M+C you seek authority to deem, including:
  - Frequency of surveys performed and whether the surveys are announced or unannounced; \_\_\_\_\_
  - Copies of survey forms and guidelines and instructions to surveyors; \_\_\_\_\_
  - Your organizations survey review and accreditation status decision making process; \_\_\_\_\_
  - The procedures used to notify accredited M+C organizations of deficiencies and the procedures to monitor the correction of those deficiencies; \_\_\_\_\_
  - Procedures your organizations will use to enforce compliance with your accreditation requirements; \_\_\_\_\_
4. Detailed information about the individuals who perform surveys for each type of M+C you seek authority to deem, including:
  - The size and composition of and the methods of compensation for your accreditation survey teams; \_\_\_\_\_
  - The education and experience requirements surveyors must meet to participate in your accreditation program; \_\_\_\_\_
  - The content and frequency of the in-service training provided to your survey personnel; \_\_\_\_\_
  - The evaluation system you use to monitor performance of individual surveyors and survey teams; \_\_\_\_\_
  - Your policies and practices with respect to participation in surveys or in the accreditation decision process by an individual who is professionally or financially affiliated with the entity being surveyed. \_\_\_\_\_
5. Description of your data management and analysis system with respect to surveys and accreditation decisions, including the kinds of reports, tables, and other displays generated by your data system. \_\_\_\_\_
6. The procedures you will use to respond to and investigate complaints or identify other \_\_\_\_\_

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problems with accredited organizations, including coordination of these activities with licensing bodies and ombudsmen programs.

7. Your policies and procedures regarding withholding, denying and removal of accreditation for failure to meet your organization's standards and requirements, and other actions you will take in response to non-compliance with your organization's standards and requirements. \_\_\_\_\_
8. Your policies and procedures regarding how your organization deals with accreditation of organizations that are acquired by another organization, have merged with another organization, or that undergo a change of ownership or management. \_\_\_\_\_
9. Description of all the types (full, partial, or denial) and categories (provisional, conditional, temporary) of accreditation offered by your organization, the duration of each category of accreditation, and a statement identifying the types and categories that would serve as a basis for accreditation if HCFA grants your organization M+C deeming authority. \_\_\_\_\_
10. A list of all currently accredited M+C organizations by State and the type, category and the expiration date of the accreditation held by each organization. \_\_\_\_\_
11. A list of all the managed care organizations that your organization has surveyed in the past three years, the date they were accredited (if denied, the date they were denied), and the level (category) of accreditation they received. \_\_\_\_\_
12. A list of all managed care surveys scheduled to be performed by your organization within the next 3 months by organization, date and state. (Please indicate if they are an M+C organization.) \_\_\_\_\_
13. The name and address of each person with an ownership or controlling interest in your accreditation organization. \_\_\_\_\_
14. A written presentation that demonstrates that you will be able to furnish data electronically, via telecommunications. \_\_\_\_\_
15. A resource analysis that demonstrates that your organization's staffing, funding, and other resources are adequate to perform the required surveys and related activities. The resource analysis should include financial statements for the past 3 years (audited if possible) and the projected number of deemed status surveys for the upcoming year. \_\_\_\_\_

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16. A statement acknowledging that, as a condition of approval, your organization agrees to comply with the ongoing responsibility requirements of section 422.157(c) from 42 CFR.

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